UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1995/P/L.24
26 January 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1995
20-23 March 1995

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Syrian Arab Republic

SUMMARY

The present document contains recommendations for funding programmes in the Middle East and North Africa region with an annual planning level not exceeding $1,000,000. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Syrian Arab Republic	5 000 000	5 000 000	1996-2000

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

/...

SYRIAN ARAB REPUBLIC

Basic data (1993 unless otherwise stated)

Child population (million, 0-15 yrs)	6.9
U5MR (per 1,000 live births)	39
IMR (per 1,000 live births)	33
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990)	140
Literacy (% male/female) (1990)	78/51
Primary school enrolment (% net, male/female) (1991)	100/94
Primary school children reaching grade 5 (%) (1992)	92
Access to safe water (%) (1991)	74
Access to health services (%)	90
GNP per capita (1992)	$1,160

One-year-olds fully immunized against:

tuberculosis:	91 per cent
diphtheria/pertussis/tetanus:	90 per cent
measles:	86 per cent
poliomyelitis:	90 per cent

Pregnant women immunized against:

tetanus:	86 per cent

The situation of children and women

1. Although family planning services are widely available, the contraceptive prevalence rate is only 40 per cent. The annual population growth rate from 1965 to 1992 was 4.3 per cent, and the total population increased from 12.5 million to 13.3 million during 1990-1992. High rural-urban migration has led to the growth of squatter settlements and has strained the social service delivery system, especially in Damascus and Aleppo.

2. In 1993, the economy grew by 11 per cent because of the oil and agricultural sectors. However, inflation increased by 20 per cent. The Syrian Arab Republic's increasing engagement with the international community, along with continued economic expansion, could create new opportunities for improving the conditions of children and women.

3. The Government signed the Declaration of the World Summit for Children in 1990, ratified the Convention on the Rights of the Child and prepared a national programme of action (NPA) for children in 1993.

4. The infant mortality rate (IMR) declined from 97 per 1,000 live births in 1970 to 33 per 1,000 live births in 1993, and the under-five mortality rate (U5MR) decreased from 201 per 1,000 live births in 1960 to 39 per 1,000 live births in 1993. The maternal mortality rate (MMR) was halved from 280 per 100,000 live births in 1978 to 140 per 100,000 live births in 1990.

5. Fifty-two per cent of infant deaths occur in the first month of birth. Major causes of infant mortality include congenital problems, 49 per cent; intestinal infections and diarrhoeal diseases, 20 per cent; acute respiratory infections (ARI), 10 per cent; the six vaccine-preventable diseases,

3.5 per cent; accidents, 3.5 per cent; and others, 14 per cent. IMR is 32 per 1,000 live births in urban areas and 37 per 1,000 live births in rural areas; it is 38 per 1,000 live births for boys and 32 per 1,000 live births for girls. Major cause of U5MR are diarrhoeal diseases, 25 per cent; accidents, 16 per cent; congenital anomalies and physical deformities, 13 per cent; ARI, 10 per cent; vaccine-preventable diseases, 7 per cent; and others, 28 per cent.

6. Over 90 per cent of maternal deaths could be prevented by improving prenatal care and referral systems. A UNICEF-sponsored survey in 1994 showed that approximately 40 per cent of pregnant women were anaemic. Only 33 per cent of pregnant women visited a health centre/clinic for prenatal care; of these, only 15 per cent attended on a regular basis. Thirty-three per cent received no medical assistance throughout their pregnancy. Some 63 per cent of all births take place at home, and 83 per cent of these are assisted by trained health staff. Approximately 42 per cent of deliveries in urban areas are attended by physicians and 9 per cent by dayas (traditional birth attendants); in rural areas, 29 per cent of births are attended by dayas and 28 per cent by midwives.

7. While 81 per cent of mothers breast-feed for up to four months, only 50 per cent do so for 9 to 12 months. The 1993 Pan-Arab Project for Childhood Development survey revealed that 2.8 per cent of boys and 3.2 per cent of girls were under weight; 2.6 per cent of boys and 1.5 per cent of girls were wasted; and 13 per cent of boys and 11 per cent of girls were stunted.

8. While 50 per cent of the population live in rural areas, most pre-school services are in urban areas. Only 6.4 per cent of 3- 6-year-olds attend kindergartens. Of these, 55 per cent are male and 45 per cent female. Low enrolment and gender disparity underscore the need for additional home and community-based early childhood care.

9. Compulsory primary education was introduced in 1981. By 1993, the net primary school enrolment rate was 100 per cent for boys and 94 per cent for girls. The drop-out rate is 3.2 per cent - with no gender disparity. The repetition rate is 8 per cent - 9 per cent for males and 7 per cent for females. Classroom teaching promotes mainly learning by rote; students are trained to pass examinations. School curricula should impart more knowledge and skills required for daily life. Teaching methods should do more to help develop children's analytical skills.

10. The law provides equal rights for women, and women participate in political life. Although the IMR and the nutrition status of girls are better than the IMR and nutrition status of boys, primary school enrolment of girls lags behind. More telling, however, is the adult literacy rate which is 51 per cent for females and 78 per cent for males.

11. Household access to television and radio is 84 per cent. Thus, the reach of electronic media is becoming nationwide and could help to accelerate achievement of the decade goals for children.

Programme cooperation, 1991-1995

12. The 1991-1995 programme of cooperation included four major programmes: health; nutrition; basic education; and advocacy and social mobilization. The objective was to build a strong base for achieving global and national mid-decade and end-decade goals. Universal child immunization was achieved and sustained; and the Syrian Arab Republic is self-sufficient in vaccines. Expanded programme on immunization (EPI) coverage in 1993 was 91 per cent for anti-tuberculosis vaccine; 90 per cent for combined diphtheria/pertussis/tetanus and poliomyelitis vaccines; and 86 per cent for measles and tetanus immunization for pregnant women. No cases of poliomyelitis were reported in 1993 and 1994.

The distribution of free breast-milk substitutes in hospitals and other health facilities has been banned. The prospects for achieving other mid-decade goals are good.

13. UNICEF support to EPI included the provision of vaccines and cold-chain equipment, training of 132 health staff and awareness-raising campaigns. There is still need to reduce regional disparities in coverage, improve surveillance/reporting systems and integrate private and public sector activities. In the area of the control of diarrhoeal diseases (CDD), 670 health staff were trained, five public awareness-raising campaigns were conducted, 53 oral rehydration therapy (ORT) corners were established and a system for sentinel reporting was developed. Case management of diarrhoea at home and at health facilities too often includes the use of inappropriate antibiotics and anti-diarrhoeal drugs. Improvements needed include acceleration of public awareness, strengthening surveillance systems and revising medical school curricula.

14. Safe motherhood activities improved the training of medical and health staff, promoted tetanus toxoid vaccination for women, provided health education on family planning and maternal health care, and trained 604 health staff and traditional birth attendants. However, utilization of maternal and child health (MCH) services remains low and should be increased. Control of ARI activities raised public awareness, supported the training of 550 health staff and the establishment of one demonstration/training centre, and provided basic equipment to 250 primary health care (PHC) centres. Accelerating and decentralizing staff training, integrating control of ARI into the MCH system and improving the reporting system are priorities.

15. Management problems that need to be addressed include decentralization of the health care system; closer cooperation between the PHC system and medical schools and health training institutes; and strengthening communications between the community and PHC system.

16. UNICEF support to breast-feeding and the Baby-Friendly Hospital Initiative included policy development and the training of 620 health staff. Eleven of the 20 targeted hospitals have been certified as "baby-friendly"; all 20 should be certified by 1995. A next step is to develop an approach for promoting breast-feeding at home, workplaces and all health care facilities. A policy on iodine deficiency disorders (IDD) was formulated based on a 1990 UNICEF-supported IDD survey; 17 per cent of the salt is iodized and all edible salt should be iodized by 1995.

17. For early childhood development (ECD), 200 kindergarten teachers from underserved areas were trained, and supplies and equipment were provided to 500 kindergartens. For primary education, Facts for Life learning materials were developed. UNICEF assisted with upgrading the environmental conditions of 35 rural schools. Also, 300 literacy leaders were trained and 50,000 literacy materials produced. The addition of knowledge and basic life skills in primary school curricula and promoting girls' education are high priorities.

18. UNICEF support for advocacy and social mobilization covered 10 national workshops; 100 media campaigns; child and youth activities, e.g., summer camps; and 10,000 copies of materials to promote the NPA.

Recommended programme cooperation, 1996-2000

Estimated annual expenditure

(In thousands of United States dollars)

	1996	1997	1998	1999	2000	Total
General resources						
Health	230	230	230	230	230	1 150
Nutrition	60	60	60	60	60	300
Education	180	180	180	180	180	900
High-risk, area-based programme	260	260	260	260	260	1 300
Social mobilization	70	70	70	70	70	350
Programme support	200	200	200	200	200	1 000
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Health	100	300	200	200	200	1 000
Nutrition	100	100	100	100	100	500
Education	200	300	350	200	200	1 250
High-risk, area-based programme	200	400	300	300	300	1 500
Social mobilization	50	50	50	50	50	250
Programme support	100	100	100	100	100	500
Subtotal	750	1 250	1 100	950	950	5 000
Total	1 750	2 250	2 100	1 950	1 950	10 000

Preparation process

19. The preparation of the new country programme was based on the major problems identified in the situation analysis; the provisions of the Convention on the Rights of the Child; and the goals of the NPA. The new country programme period is also synchronized with the cycles of cooperation between the Government, the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA), starting in 1996. The country strategy note for Government cooperation with United Nations agencies was used as a reference so that UNICEF cooperation is complementary to that of other United Nations agencies.

Objectives and strategies

20. The proposed country programme will build on the past programme of cooperation and aims to (a) promote reform of the PHC system; (b) strengthen the foundation for achieving and sustaining the decade goals; (c) expand initiatives for safe motherhood; and (d) build local capacity more systematically to reduce gaps in access to and coverage of basic services.

21. UNICEF cooperation will contribute to the achievement of the following goals related to the NPA and the Declaration of the World Summit for Children: (a) reduction of IMR from 34 to 22 per 1,000 live births; (b) reduction of U5MR from 41 to 30 per 1,000 live births; (c) reduction of MMR from 140 to less than 70 per 100,000 live births; (d) elimination of malnutrition and reduction of

moderate malnutrition among children under five years of age by one half; (e) empowerment of families with the basic knowledge, skills and values needed to improve the quality of their life; and (f) to sustain achievement of mid-decade goals.

22. The programme will be implemented at three levels: national; area-based; and cross-cutting. The national programmes aim to improve the quality of and sustain basic services, e.g., for health and education. The area-based programme addresses inequities through decentralized implementation and sharper targeting of national programmes to reach the 20 per cent of the population who are underserved. Cross-cutting interventions link all elements of the country programme by strengthening public consensus and communication initiatives for achieving the decade goals.

23. Strategies for strengthening the impact of the cooperation include empowering families with basic knowledge, skills and values needed for healthy living; local capacity-building to improve response to local needs; improving the role and status of women within the family and the community; increased resources, particularly for underserved areas; advocacy and research to keep the needs of children and women high on the political agenda; and strengthening the sustainability of all programmes.

Health

24. The health programme will support PHC reform, safe motherhood, CDD, the control of ARI and EPI. The aims are to sustain the gains of EPI and CDD and to accelerate the progress in safe motherhood and the control of ARI.

25. PHC reform will address major management problems that constrain quality and sustainability of services. The strategy will improve performance of health staff through pre-service and in-service training on team work in the delivery of MCH services. Another initiative will strengthen communication between communities and the PHC system, especially in high-risk areas. UNICEF will support policy advocacy for standardization of service norms; the organization of joint workshops; and the provision of technical and material support to governorate- and district-level health authorities. Supplementary funds will be used to increase integration and coordination of service delivery, particularly in high-risk areas.

26. In the area of safe motherhood, the priority will be to improve the quality of MCH services so as to increase utilization, especially in rural and poor urban areas. UNICEF will support in-service training of 800 health staff; 15 communication campaigns to increase maternal demand for MCH care; education for girls and women on fertility and MCH; promotion of birth spacing, safe delivery, and antenatal care; improved monitoring and referral systems; and basic supplies and equipment for the establishment of obstetrical services in 60 MCH centres. Advocacy will focus on decentralization of MCH care and improved training of health staff. Supplementary funds will be used to promote integrated delivery of all safe motherhood activities.

27. The objectives in CDD are to increase the number of health centres with ORT corners from 10 per cent in 1993 to 50 per cent by 1996; to increase the number of health staff trained in correct case management from 30 per cent in 1993 to 70 per cent; to raise the ORT usage rate from 62 per cent in 1990 to 90 per cent in 1996; and to strengthen continued breast-feeding during diarrhoea from 68 per cent in 1990 to 95 per cent in 1997. UNICEF will support the development of a comprehensive national policy on CDD; the training of 350 health workers and 200 medical staff in correct case management; the production and dissemination of information, education and communication (IEC) materials to promote continued breast-feeding and the use of ORT; and the provision of supplies and equipment for ORT corners. Supplementary funds are needed to

strengthen public awareness on the prevention of diarrhoeal diseases and to accelerate the training of health and medical staff, especially in rural and poor urban areas.

28. Another important aim is to reduce ARI-related mortality and morbidity among infants and children under five years of age from 10.5 per cent mortality and 30 per cent morbidity in 1990 by 50 per cent and 25 per cent, respectively. UNICEF will provide technical assistance for the establishment of an ARI training unit and for training materials; the production of diagnostic charts, slides, video tapes, posters and pamphlets; the training and retraining of 18 governorate trainers; on-the-job training of 800 health staff and 1,200 doctors; the provision of equipment for diagnosis and case management; strengthening routine reporting; and the establishment of sentinel reporting networks at both public and private hospitals. Supplementary funds will be used for the provision of training materials and for accelerating the training and retraining of health staff.

29. Immunization coverage will be increased in all districts to 95 per cent by 1998, and poliomyelitis will be eradicated by the year 2000. UNICEF will provide technical assistance and materials for training medical and paramedical staff in surveillance; seminars and workshops on surveillance; strengthening of sentinel reporting systems; identification and mapping of high-risk areas; and detection of cases and surveys on neonatal tetanus protection at birth and other relevant studies. Supplementary funds will be used to strengthen the surveillance and reporting systems.

Nutrition

30. Nutrition will focus on improving child feeding practices and reducing malnutrition. The child feeding initiative will promote more conducive social environments for breast-feeding and growth promotion. UNICEF will assist advocacy/awareness-raising, training of 550 health staff, monitoring and evaluation. The control of malnutrition will focus on reducing iron deficiency anaemia among pregnant women from 40 per cent in 1990 to 15 per cent; eliminating severe malnutrition; reducing moderate malnutrition from 6 per cent in 1993 to 3 per cent; reducing the incidence of low birth weight from 11 per cent in 1990 to 6 per cent; increasing growth monitoring activities from 15 per cent in 1990 to at least 50 per cent; and sustaining the elimination of IDD and vitamin A deficiency. UNICEF will support the iodization of salt; the development of a methodology for assessing the iodine content of salt at production sites and markets; legislation on IDD; public awareness campaigns; the promotion of interministerial coordination for IDD; the training of health staff; and monitoring and evaluation. Supplementary funds will be used to accelerate growth monitoring and promotion through increasing public awareness.

Education

31. UNICEF cooperation in education will cover ECD, primary education and life skills education for women. Government efforts to achieve the education goals of the NPA nationwide will be supported by improving the quality of and access to pre-schools and primary schools and adult literacy programmes.

32. In the area of ECD, the programme aims to reach at least 75 per cent of children of working mothers, improve knowledge and skills of care givers and raise mothers' knowledge and life skills for ECD. Cooperation on primary education aims to sustain universal primary school enrolment and achieve the target in every district; increase primary school completion to 95 per cent; and reduce the primary school drop-out rate by two thirds, with priority on girls. Development of a more student-centred classroom environment and a curriculum more focused on life skills will be priorities. Linkages between the education and health programmes will make the curriculum more relevant to the needs of the community. UNICEF will support the production of teaching/learning modules;

train 300 primary school teachers from poor areas; help to improve sanitation/hygiene services in rural primary schools; upgrade the education database; assess/monitor learning achievement; sponsor surveys on repetition and school drop-outs; promote the nutrition status of schoolchildren; and promote education for disabled schoolchildren. Supplementary funds will be used to increase access to ECD and to improve the quality and relevance of pre-school and primary school education.

33. The project on basic life skills for women will increase vocational and income-generating skills of poor women by utilizing the national women's literacy programme to empower them with key knowledge and skills. Innovative learning materials will be developed and introduced through the training of literacy teachers. Supplementary funds will be used for development of innovative learning materials.

High-risk, area-based programme

34. The programme will address the problems of inequity, over-centralization and inequitable resource allocations by targeting assistance to high-risk areas and by promoting local capacity-building; increased community decision-making in programme planning and implementation; and improving linkages between central, governorate and local levels so that basic services become more coordinated during delivery and responsive to local needs and sustainable. The first phase of the programme will address the squatter settlements around Damascus, followed by expansion to reach to the rural northern Aleppo governorate; some 2 million persons will be covered. The Government, the community and non-governmental organizations (NGOs) jointly will identify local needs and goals and develop and implement plans. UNICEF will support programme planning; capacity-building through training local staff; girls' education; MCH; and improved water supply and sanitation. Supplementary funds are needed to adapt national programmes to meet local needs.

Advocacy and social mobilization programme

35. This programme will promote increased national resource allocation for programmes related to implementation of the Convention on the Rights of the Child and the Convention for Elimination of All Forms of Discrimination Against Women and to accelerate achievement of NPA goals. The strategy is to strengthen all advocacy and social mobilization elements of the country programme through more effective communications strategies. UNICEF will support IEC activities to promote formulation of appropriate policies related to the two Conventions and the NPA. UNICEF will also support ways to strengthen the participation of NGOs; improve coordination of the public and private sectors and NGO efforts; provide orientation of media personnel; provide training materials; and strengthen monitoring and evaluation. Supplementary funds will be used to promote the integration and coordination in service delivery.

36. The communication components of the health, education and area-based programmes will be strengthened to generate more support from the donor community, mass media, NGOs and research institutions. The intensification of communication activities will be possible with supplementary funds.

Monitoring and evaluation

37. Annual project plans of action with service coverage and output objectives will facilitate monitoring programme implementation. Progress towards achieving objectives will be monitored through routine reporting, sentinel surveillance and rapid and specialized surveys and studies. Household health surveys will analyse caregiver knowledge, attitudes and practices. Health facility surveys will review treatment protocols and case management. UNICEF will provide

technical assistance and the training of staff to build national capacity in monitoring. Joint UNICEF/Government annual programme reviews will help to adjust programmes to respond to challenges.

Cooperation with other parties

38. The programme will be implemented in close coordination with other United Nations agencies. Cooperation with the UNFPA will focus on safe motherhood and population activities. With the World Health Organization the focus will be on EPI, CDD and the control of ARI and micronutrient deficiencies. Cooperation between UNICEF and UNDP in human resource development and poverty alleviation will continue, particularly for underserved areas.

Programme management

39. The responsibilities of one UNICEF programme officer will be modified to focus on the area-based programme. Other programme officers will also contribute to the area-based programme in line with their respective responsibilities. The importance of social mobilization and communication in the new period of cooperation and strengthening computerization for information resource management in the UNICEF office in Damascus will receive attention.